U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/034	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12 / 31 / 2204	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name John C Panaro, Jr.	Name Engineers, Operating, AFL-CIO LU4	
	Labor Organization File Number 033-610	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 63 Suwanee Rd.	Street 16 Trotter Drive	
City Weymouth	City <b>Medway</b>	
State MA ZIP Gode + 4 02189	State MA ZIP Code + 4 02053	
5. Position in labor organization.  Vice President -	Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transacti monetary value from an employer whose	ons (including loans) wit employees your organ	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade лате, if any).		7.a. Nature of Interest Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		7.b. Amount.	
City			
State	ZIP Code + 4		

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John C. Dararo fr.

On 8/11/2005

781-337-4434

Date

Telephone Number

Name of Person Filing John C. Panaro, Jr.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally action to the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other of an employer whose employees your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or with a trust or which your labor organization or which you	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any P. O. 3ox 345 Street 177 Bedford St.	a. Labor Organization  X b. Trust  c. Employer	
City Lexington		
State <b>MA</b> ZIP Code + 4 <b>02420</b>		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Health and Welfare Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P. O. Box 345	11.a. Nature of such dealing.  Health & Welfare Trustee working lunch meeting Radisson Hotel, Boston	
Street 177 Bedford St.	11.b. Approximate dollar value of such dealing. 35.00	
City Lexington  State MA ZIP Ccde + 4 02420	12.a. Nature of interest held or income received.  Board of Trustee meal 35.00  11/2/2004	
	12.b. Amount. 35.00	
C. Received from any employer (other than an employer covered unde		
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	1	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	·	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

State

Name of Person Filing John C. Panaro, Jr.		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any:  P.O. Box, Bldg., Room No., if any P. O. Box 345  Street 177 Bedford St.  City Lexington  State MA ZIP Code + 4 22420  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Health and Welfare Funds  Trade Name, if any:	9. Business deals with:  a. Labor Organizat  X b. Trust  c. Employer  11.a. Nature of such dealin  IFEBP 2005 Az		
P.O. Box, Bldg., Room No., if any P. O. Box 345  Street 177 Bedford St.	11.b. Approximate dollar valu	e of such dealing. 1310.00	
City Lexington	12.a. Nature of interest held		
State MA ZIP Code + 4 0 2 4 2 0	Registration Deposit 10/28		
	1 	,	
	12.b. Amount.	1310.00	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		1	

14.b. Amount of payment.

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Co.te + 4

or Consultant

?

Name of Person Filing John C. Panaro, Jr.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the pour labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name, if any:	( ) a. Labor Organization (X   b. Trust
P.O. Box, Bidg., Room No., if any P. O. Box 345	c. Employer
Street 177 Bedford St.	
City Lexington	
State <b>MA</b> ZIP Code - 4 02420	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Health and Welfare Funds  Trade Name, if any:	Mass Mutual, Social Security & Health and Welfare Educational seminar hosted by Fund Office: 10/24/2004 Bangor, ME
P.O. Box, Bldg., Room No., if any P. O. Box 345	10/24/2001 Bangory 122
Street 177 Bedford St.	11.b. Approximate dollar value of such dealing. 74.00
City Lexington	12.a. Nature of interest held or income received.
State MA ZIP Ccde + 4 02420	Overnight accomodation at Ramada Inn, Bangor, ME 74.00
	12.b. Amount. 74 - 00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	

			14,a. Nature of payment.	
13.a. Name and address of Employer or (including trade name, if any).	_abor Relations Consultant		14.a. Nature of payment.	
Name		į		i
Trade Name, if any:			i i	'
P.O. Box, Bldg., Room No., if any				
Street		1		;
City				i i
State	ZIP Code + 4	;		i
13.b, is the Business an Employer	or Consultant	?	14.b. Amount of payment.	